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Bib Data Sheet

CONFIRMATION NO. 2089

SERIAL NUMBER 09/726,637	FILING DATE 11/30/2000 RULE	CLASS 379	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 36968/206897
APPLICANTS Elizabeth Ann Beamon, Kannapolis, NC; Kenneth F. Hunnicutt, Cumming, GA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/212,207 06/16/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		STATE OR COUNTRY NC	SHEETS DRAWING 12	TOTAL CLAIMS 20
Verified and Acknowledged Examiner's Signature <i>William D. Barrie</i> Initials <i>04/24/01</i>				INDEPENDENT CLAIMS 4
ADDRESS 23370				
TITLE Digital loop carrier module for proactive maintenance application				
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



Complete

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Bib Data Sheet

CONFIRMATION I

SERIAL NUMBER 09/726,637	FILING DATE 11/30/2000 RULE	CLASS 379	GROUP ART UNIT 2643	ATTORNEY DOCKET N. 36968/20689		
APPLICANTS Elizabeth Ann Beamon, Kannapolis, NC; Kenneth F. Hunnicutt, Cumming, GA;						
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/212,207 06/16/2000						
** FOREIGN APPLICATIONS *****						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001						
Foreign Priority claimed 35 USC 1.19 (a)-(d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>R.B. Anne</i> Initials <i>R.B.</i>	STATE OR COUNTRY NC	SHEETS DRAWING 12	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
ADDRESS 30314						
TITLE Digital loop carrier module for proactive maintenance application						
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		